

QC #7 8# 30

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	NO.	DATE
	CHB	42	7-9
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	me		3/9/58
FORMALITY REVIEW	KDM	01125	3/9/58

INDEX OF CLAIMS

- ✓ Rejected
- ✓ Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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